

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Wisconsin Medical Society Political Action Committee

ADDRESS (number and street)

330 E. Lakeside Street

☐ Check if different than previously reported. (ACC)

Madison

WI

53715

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00548438

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☒ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Chris Rasch

Signature of Treasurer

Mr. Chris Rasch

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Wisconsin Medical Society Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
04 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2014</span>		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19) .....	1450.00	6375.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1450.00	6375.00
7. Total Disbursements (from Line 31) .....	1450.00	6375.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	0.00	0.00
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Wisconsin Medical Society Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y  
 04 / 01 / 2014

To:

 M M / D D / Y Y Y Y  
 06 / 30 / 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1450.00

6375.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

1450.00

6375.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

1450.00

6375.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

1450.00

6375.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

1450.00

6375.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1450.00	6375.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1450.00	6375.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1450.00	6375.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1450.00	6375.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1450.00	6375.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr. Kevin Thomas Flaherty**

Mailing Address 1206 Highland Park Blvd

City

Wausau

State

WI

Zip Code

54403-5087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eye Clinic of Wisconsin SC - Wausau

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 10 / 2014

Transaction ID : 6239304

Amount of Each Receipt this Period

500.00

Earmarked for Miller-Meeks for Congress

Full Name (Last, First, Middle Initial)

**B. Yakub A Elias MD**

Mailing Address 1000 N Oak Ave

City

Marshfield

State

WI

Zip Code

54449-5703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Marshfield Clinic

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 10 / 2014

Transaction ID : 6239307

Amount of Each Receipt this Period

100.00

Earmarked for Ribble for Congress

Full Name (Last, First, Middle Initial)

**C. Dr. Allan Bertram Levin**

Mailing Address 4585 Fox Bluff Lane

City

Middleton

State

WI

Zip Code

53562-2327

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 24 / 2014

Transaction ID : 6239310

Amount of Each Receipt this Period

50.00

Earmarked for Pocan For Congress

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr. Paul A. Wertsch**

Mailing Address 4221 Venetian Ln

City

Madison

State

WI

Zip Code

53718-6655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wildwood Family Clinic SC

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 28 / 2014

Transaction ID : 6239315

Amount of Each Receipt this Period

100.00

Earmarked for Dr. Monica Wehby For U.S. Senate

Full Name (Last, First, Middle Initial)

**B. David Michael Henneghan MD**

Mailing Address 2111 Shadow View Circle

City

Plover

State

WI

Zip Code

54467-2943

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Klasinski Clinic SC

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 28 / 2014

Transaction ID : 6239317

Amount of Each Receipt this Period

500.00

Earmarked for Duffy for Congress

Full Name (Last, First, Middle Initial)

**C. Dr. Laurence J. Verlinden**

Mailing Address 3933 Indian Bluff Dr

City

Manitowoc

State

WI

Zip Code

54220-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HFM Internal Medicine

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

06 / 02 / 2014

Transaction ID : 6239320

Amount of Each Receipt this Period

100.00

Earmarked for Leibham for Congress

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wisconsin Medical Society Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Ms. Sherry Clarke**

Mailing Address 9724 Rias Way

City  
Austin

State  
TX

Zip Code  
78717-3998

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ophthalmic Surgery of Wisconsin LTD

Occupation

Director - AMA Alliance

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

06 / 26 / 2014

Transaction ID : 6239879

Amount of Each Receipt this Period

50.00

Earmarked for Dr. Monica Wehby For U.S. Senate

Full Name (Last, First, Middle Initial)

**B. Dr. Rodney Wayne Malinowski**

Mailing Address 900 Stonefield Cir #913

City  
Mauston

State  
WI

Zip Code  
53948-1681

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mile Bluff Medical Center

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

06 / 26 / 2014

Transaction ID : 6240762

Amount of Each Receipt this Period

50.00

Earmarked for Ryan for Congress

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

1450.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ribble for Congress**

Mailing Address PO Box 7200

City	State	Zip Code
Appleton	WI	54912

Purpose of Disbursement  
Earmarked by Yakub Ellias

011

Candidate Name

**Reid Ribble**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		10		2014

**Transaction ID : 6001645**

Amount of Each Disbursement this Period

100.00
--------

Earmarked by Yakub Ellias

Full Name (Last, First, Middle Initial)

**B. Miller-Meeks for Congress**

Mailing Address P.O. Box 1103

City	State	Zip Code
Ottumwa	IA	52501

Purpose of Disbursement  
Earmarked by Dr. Kevin Flaherty

011

Candidate Name

**Dr. Marinette Miller Meeks**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		10		2014

**Transaction ID : 6003645**

Amount of Each Disbursement this Period

500.00
--------

Earmarked by Dr. Kevin Flaherty

Full Name (Last, First, Middle Initial)

**C. Pocan for Congress**

Mailing Address PO Box 327

City	State	Zip Code
Madison	WI	53701

Purpose of Disbursement  
Earmarked by Dr. Allan Levin

011

Candidate Name

**Mark Pocan**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2014

**Transaction ID : 6024895**

Amount of Each Disbursement this Period

50.00
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Earmarked by Dr. Allan Levin

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

650.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr. Monica Wehby For US Senate**

Mailing Address PO Box 3375

City	State	Zip Code
Portland	OR	97208

Purpose of Disbursement  
Earmarked by Sherry Clarke

011

Candidate Name

**Monica Wehby**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2014

**Transaction ID : 6179526**

Amount of Each Disbursement this Period

50.00
-------

Earmarked by Sherry Clarke

Full Name (Last, First, Middle Initial)

**B. Ryan for Congress**

Mailing Address PO Box 1488

City	State	Zip Code
Janesville	WI	53547

Purpose of Disbursement  
Earmarked by Rodney Malinowski

011

Candidate Name

**Paul Ryan**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2014

**Transaction ID : 6179527**

Amount of Each Disbursement this Period

50.00
-------

Earmarked by Rodney Malinowski

Full Name (Last, First, Middle Initial)

**C. Leibham for Congress**

Mailing Address P.O. Box 941

City	State	Zip Code
Sheboygan	WI	53082

Purpose of Disbursement  
Earmarked by Laurence Verlinden

011

Candidate Name

**Joseph Leibham**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	02	/	2014

**Transaction ID : 6186450**

Amount of Each Disbursement this Period

100.00
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Earmarked by Laurence Verlinden

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr. Monica Wehby For US Senate**

Mailing Address PO Box 3375

City	State	Zip Code
Portland	OR	97208

Purpose of Disbursement  
Earmarked by Dr. Paul Wertsch

011

Candidate Name

**Monica Wehby**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2014

**Transaction ID : 6239119**

Amount of Each Disbursement this Period

100.00
--------

Earmarked by Dr. Paul Wertsch

Full Name (Last, First, Middle Initial)

**B. Duffy for Congress**

Mailing Address P.O. Box 538

City	State	Zip Code
Wausau	WI	54402

Purpose of Disbursement  
Earmarked by David Henneghan

011

Candidate Name

**Sean Duffy**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2014

**Transaction ID : 6239136**

Amount of Each Disbursement this Period

500.00
--------

Earmarked by David Henneghan

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

1450.00